

QUALITY OF LIFE COUNCIL QUALITY OF LIFE AWARD APPLICATION COVER SHEET



Provider Information

NURSING HOME NAME							
STREET ADDRESS/POST OFFICE BOX			PHONE NUMBER	FAX NUMBER			
СІТҮ	STATE	ZIP CODE	WEBSITE ADDRESS				
	NH						
ADMINISTRATOR'S NAME	ADMINIST	ADMINISTRATOR'S EMAIL ADDRESS					
OTHER NURSING HOME CONTACT/POSITION	OTHER C	OTHER CONTACT'S EMAIL ADDRESS					

THE APPLICATION

Complete both parts of the application for each domain.

Part I. Self-Assessment

Assign a level for each practice listed. The levels are:

- 1. There is no discussion and no current implementation
- 2. **Under discussion**, but there is no implementation
- 3. **Partially implemented** in **some or all** areas of the organization
- 4. **Fully implemented** in **some** areas of the organization
- 5. **Fully implemented** in **all** areas of the organization

Note: Full implementation of a practice <u>is not necessarily indicative of a Quality of Life Award Winner</u>. Discussion and progress toward implementation of practices to advance culture change will be taken into consideration.

Part II. Supporting Narrative

- Tell your story write a narrative explanation to describe the changes that have been made that relate to that domain.
- Include the steps you took to implement the changes and the outcomes your residents, families and/or staff have realized as a result of the changes.
- Include any benefits your nursing home may have realized.
- Be as concise as possible.
- Do not use identifying information (i.e. nursing home name) in your explanation.

Additional supporting materials may also be submitted, such as pictures, letters or other evidence of change. This is your opportunity to share what good things you are doing to advance Quality of Life for residents.

THE DEADLINE - FRIDAY, NOVEMBER 3, 2006

Mail your completed application (with all supporting documentation) by Friday, November 3, 2006 to:

Quality of Life Council
C/O Jo Moncher, Bureau Chief
Bureau of Community Relations
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

THE REVIEW PROCESS

Quality of Life Award applications received by Friday, November 3, 2006 will be evaluated by an Independent Council Review Team. The nursing home identifiers will be removed prior to review in order to ensure the most objective process. Select applicants will be scheduled for a site visit by the Quality of Life Travel Team. The Travel Team will be responsible for verifying the information provided in the application, interviewing staff, residents and available family members, discussing highlights and questions from the application, and ensuring the nursing home's changes are consistent with the concept of culture change. Please note that this Travel Team is completely distinct and separate from state and federal survey procedures – its sole purpose is to select Quality of Life Award winners as objectively as possible.

SPECIAL THANKS

The Quality of Life Council would like to share a special thank you to The Kansas Department on Aging for sharing their knowledge, experience and event, Promoting Excellent Alternatives in Kansas (PEAK). The Quality of Life Council appreciates their time, consultation and materials.

The Quality of Life Council would also like to thank and recognize Karen Schoeneman, Senior Policy Analyst and Project Officer for Centers for Medicare & Medicaid Services (CMS) and Carmen Bowman, President of Edu-Catering in Longmont, Colorado for their ideas and for sharing the "Artifacts of Culture Change" Tool.

PLEASE NOTE

All materials submitted to the Department of Health and Human Services as part of the Quality of Life Award Application are considered public record and may be subject to public disclosure requests. Information received may be used by the Quality of Life Council in various publications, pamphlets and press releases.

CONTACT INFORMATION

Jo Moncher, Bureau Chief Bureau of Community Relations

Phone: 271-4402 Email: <u>JAMoncher@dhhs.state.nh.us</u>

QUESTIONNAIRE

Domain:

Resident Care and Choice - Restoring to residents as much control, choice and normalcy as possible.

Note: Do not have to be fully implemented to qualify.

		No/Under Discussion		Partial to Full Implementation			
		1	2	3	4	5	
1.	Residents have choices and are primary decision makers regarding meals. For example:	1	2	3	7	3	
	Menus and mealtimes						
	More than one entrée, side dishes, beverages	Ħ	Ħ	Ħ	Ħ	Ħ	
	Snacks and beverages available at all times and reflect foods						
	people would eat in their own homes Can eat out or have carry-in from restaurants						
	Can have favorite foods prepared or can prepare themselves	H	H	H	H	H	
	Restaurant-style where staff take resident orders	H	H	H	H	Η	
	Buffet style where residents help themselves or order from	H	H	H	H	H	
	staff	Ш	Ш		Ш		
	Family style where food is placed on tables in bowls and						
	platters and residents serve themselves or staff assist per		Ш			ш	
	resident direction						
	Open dining with meal available for a 2-hour period or						
	longer		_	<u> </u>			
	24-hour dining available						
	Special dining room available for family use and gatherings						
	Kitchenette with refrigerator and stove available for resident,						
	staff, and family use		_		_	_	
	Restaurant, tavern café available to purchase food and drinks	Щ		Ц			
	Other						
2.	Daily schedules are flexible around resident's choices. For						
	example:						
	Wake-up time	H	\vdash	\vdash	\mathbb{H}	H	
	Bed time	H	\mathbb{H}	H	H	H	
	Bath time Meal time	H	H	H	븜	H	
	Other	H	H	H	H	H	
3	Resident bathing is individualized. For example:					Ш	
٥.	Options in bathing methods and times						
	Use of "bathing without a battle" techniques	Ħ	H	H	Ħ	H	
	Baths and/or showers are provided as often as desired	Ħ	Ħ	Ħ	Ħ	Ħ	
	Equipment is modern, comfortable, and reflective of what a	同	Ħ	一	Ħ	П	
	person would use in their own home.						
	Other						
4.	Residents have choices and make decisions about activities of						
	daily living. For example:						
	What to wear on a daily basis						
	Encouragement on dressing themselves if physically and						
	cognitively capable						
	Other						

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Domain: Resident Care and Choice

			Inder ussion 2	Partial to Full Implementation 3 4 5		
5.	Ownership of their own rooms or spaces. For example:					
	Rooms personalized to reflect their own individuality	님		님	님	님
	Extra lighting sources available when requested	H	\mathbb{H}	H	H	H
	Heat/air conditioning controls can be adjusted in room Can have own refrigerator in room	片	H	片	님	\mathbb{H}
	Ability to have a private room or create genuine privacy	H	H	H	H	H
	within semi private spaces	Ш	Ш	Ш	Ш	
	Moveable rods in closets to adjust height					П
	Other	H	H	H	H	H
6.	Residents are encouraged to regularly and frequently express		Ш	ш	Ш	
0.	desires and concerns. For example:					
	Resident council meetings					
	Advisory councils	П	Ħ	Ħ	Ħ	П
	Participation in CQI meetings					同
	Community meetings on neighborhoods or units					
	Other forums (learning circles/discussion groups)					
	Other					
7.	Residents engage in activities of their own choice and desire.					
	For example:					
	Baking on individual units or another provided area					
	Small and/or large group activities				Ш	Щ
	Spiritual services	Ш				
	In-room/1-1 activities				Щ	
	Opportunities to be regularly active and not sitting idle in					
	hallways					
	Regular outings			\square	\square	닏
	Evening and weekend activities	님	H	님	님	
0	Other					
8.	Activities appropriate for everyone, including cognitively					
	impaired residents, and activities scheduled to generate					
	engagement. For example: Programs individualized					
	Intergenerational programs regularly available	H	H	H	H	H
	Workout room available	H	H	H	H	H
	Computers and Internet access available	H	Ħ	Ħ	H	H
	Pets live in the home or have regular pet visits	H	Ħ	Ħ	H	H
	Onsite child care center, onsite school programs for local	H	Ħ	Ħ	Ħ	Ħ
	kids in a variety of grades			ш		ш
	Other					
9.	Residents are involved in their own care plans. For example:			_		
	Regularly attend meetings					
	Health issues routinely discussed with resident					

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Domain: Resident Care and Control

		No/Under Discussion		Partial to Full Implementation			
		1	2	3	4	5	
	Care plans are individualized and in the "I" or narrative format						
	Other			П		П	
10.	Comfort care in times of distress including aromatherapy,						
	massages, Reiki, and other comforts are offered to all residents.		· 				
11.	Care of the dying. For example:	_					
	Arranging for someone to be with the dying at all times						
	unless preferring to be alone						
	Memorials and remembrances individualized for residents upon death						
	Area available for families to stay overnight						
	Support for staff to cope and grieve losses						
	Other						
12.	Caring for residents as individuals is a priority. For example:						
	"Getting to Know You" storyboards and/or books	H	\mathbb{H}	Н	\vdash	님	
	Family/friends interviews Celebrating individual birthdays not just at a group monthly	H	H	H	H	H	
	affair	Ш				Ш	
	Other						
13.	Family members are involved in decision making.						
14.	Satisfaction surveys are conducted on an ongoing basis and						
	surveys are analyzed for possible areas for improvement.						
15.	Vision Access and Hearing Access is promoted within your						
	facility. For example:						
	Printed materials are available in large font or available on					Ш	
	audiotape for residents with low vision limitations						
	An electronic reader (CCTV) is available for residents to use to read small print	Ш				Ш	
	"Readers" are available to the residents						
	Printed materials are available in Braille for blind residents	Ħ	Ħ	H	Ħ	H	
	Assistive Listening Devices are available for residents to use	П	Ħ		Ħ	П	
	for one on one situations, and small or large group situations						
	Trips to support groups are available (i.e. Sight Services for						
	Independent Living and Hearing Loss of America)						
	In-house movies and TV programs are shown with closed						
	captioning						
	Communication access is provided to family members of a					Ш	
	resident who has a hearing loss and who may need a sign language interpreter or CART services						
	ininguage interpreter of critici pervices						

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Domain: Resident Care and Choice

Part II. Supporting Narrative

- Tell your story write a narrative explanation to describe the changes that have been made that relate to that domain.
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- Include any benefits your nursing home may have realized.
- Be as concise as possible
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Additional supporting materials may also be submitted, such as pictures, letters or other evidence of change. This is your opportunity to share what good things you are doing to provide Quality of Life for residents.

Domain:

Staff Empowerment – Creating management and practices that enhance front line staff's capacity to be responsive to residents.

Note: Do not have to be fully implemented to qualify.

		No/Under Discussion		Partial to Full Implementation		
1. 2.	Decisions are made by teams that include front-line staff. Staff members receive cross training and are able to perform multiple tasks.	1	2 	3	4	5
3. 4.	Staff create their own schedules for coverage of the unit. Staff work consistently in the same neighborhood/unit/household and with the same residents					
5.	Front-line staff (including LNAs) attend and provide input at resident care planning meetings.					
6.	The facility has a career ladder for advancement of employees.					
7.	Incentives. For example: Salary increases and affordable healthcare insurance Paid tuition Full salary while attending school Additional training and workshops at no cost Awards given to staff for commitments to personcentered care					
8.	Day care on site English as a second language Other Consistent employee evaluations with observable measures for					
υ.	employee support of resident control initiatives.	Ш				

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Domain: Staff Empowerment

		No/Under		Par	Partial to Full			
		Discu	ıssion	Imp	lementa	ation		
		1	2	3	4	5		
9.	Frontline staff (including LNAs) are involved in quality							
	improvement efforts. For example:							
	Attendance at CQI meetings							
	Leading formal or informal activities for residents							
	Other							
10.	Staff satisfaction surveys indicate that staff are satisfied with							
	their working environment.							
11.	Families know their loved ones primary caregivers and seek							
	them out for information.							
12.	Assigned staff member to serve as a "buddy" to a resident,							
	regularly checking with the resident and following up on							
	concerns. For example:							
	Residents able to select their "buddy" when able.							
13.	Front-line staff is empowered to contact family or others							
	directly for items a resident may want or need, such as clothing							
	or other personal belongings.							
14.	New employee orientation is supported by peer mentors							

Domain: Staff Empowerment

Part II. Supporting Narrative

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Domain:

Home Environment – Creating a meaningful relationship between the person and her/his living environment to establish a home.

Note: Do not have to be fully implemented to qualify.

		No/Under Discussion		Partial to Fu Implementation		
		1	2	3	4	5
1.	Assure outdoor spaces are available and used to support a sense of independence. For example:					
	Protected garden outdoor patio accessible to residents Outdoor raised gardens for resident use Outdoor walking/wheeling path, not a public sidewalk Glider which locks into place when resident rises					
2.	Other The home incorporates plants, dogs, cats, birds, fish, and children according to resident wishes as reminders of nature and home communities.					
3.	Common spaces are available for residents to visit and spend					
	time with people from the community.					_
4.	There are distinct households/neighborhoods/clusters in the home. (smaller units of residents and staff who permanently and					
5.	consistently interact) The environment looks and "feels" like a home (layout,					
	furniture, fixtures, general décor).					
6.	A variety of activities happen spontaneously within the neighborhoods/households frequently each day.					
7.	Overhead paging system only used for emergencies.					
8.	Residents have personal pagers to summon staff.					
9.	Residents have access to an area for laundering personal items if desired.					
10.	Traditional nurses' stations have been eliminated.					
11.	Chairs/sofas in public areas have seat heights/widths that vary to					
	comfortably accommodate people.					
12.	Store/gift shop or cart available for resident purchases.					
13.	Bathing rooms have heat lamps or radiant heat panels.		Щ		Ш	
14.	Terminology used by staff reflects "home" rather than medical					
1.5	environment.					
15.	Cultural diversity is taken into consideration for staff and			Ш		Ш
	residents so that needs are understood and care provided in the manner consistent with cultural expectations.					
	manner consistent with cultural expectations.					

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Domain: Home Environment

Part II. Supporting Narrative

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Domain:

Community Involvement – Embracing family and community members into a shared partnership of supporting and caring for residents.

Note: Do not have to be fully implemented to qualify.

		No/Under		Partial to Full			
		Discu	Discussion		lementa	ation	
		1	2	3	4	5	
1.	Volunteer programs are formalized so residents have the opportunity for daily contact with the possibility of building relationships with individuals from the broader community.						
2.	Space available for community group meetings and residents welcome to attend.						
3.	Residents participate in community activities frequently – daily if desired.						
4.	Volunteers are recognized for their contributions to the home.						
5.	The community is kept informed of nursing home activities.						
6.	Family satisfaction surveys indicate that families feel connected and informed regarding their loved ones care and nursing home activities.						
7.	Family visits have increased as a result of families being valued as a member of the team, provided with information on how they can contribute, and given the opportunity to						
0	participate in a variety of areas.						
8.	Residents who are able vote at local community center instead of absentee ballot.	Ш		Ш	Ш	Ш	
9.	Residents and families have access to educate policy makers and influence policy agendas.						
10.	1 , 5						

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Domain: Community Involvement

Part II. Supporting Narrative

- Tell your story write a narrative explanation to describe the changes that have been made that relate to that domain.
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